

## Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

	G IECENED 10
Commonwealth of Massachusetts	MAY 20 2010 CI FRICO Eile With: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Endilly Date: May 10, 2019
Type of Report: (Check one)	1534
	day after election year-end report dissolution
DOONN MCCARTHY	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
568 MAIN 57	•
Residential Address	Committee Mailing Address
Telephone Number (optional):	phone Number (optional):
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	12.50
Line 3: Subtotal (line 1 plus line 2)	12-50
Line 4: Total expenditures this period (page 5, line 14)	12.50
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	6
Line 7: Total (all) outstanding liabilities (page 7)	6
Line 8: Name of bank(s) used:	NFCU
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my kn ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution nance activity of all persons acting under the authority or on behalf of this committee in accordance igned under the penalties of perjury:	ons and liabilities for this reporting period and represents the campaign
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of m activity, of all persons acting under the authority or on behalf of this committee in accordance vincurred any liabilities nor made any expenditures on my behalf during this reporting period.	y knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate representify that I have examined this report including attached schedules and it is, to the best of me finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind compaign finance activity of all persons acting under the authority or on behalf of this committee.	y knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the se in accordance with the requirements of M.G.L. c. 55.
oned under the negalties of perjury:	(Candidate's signature) Date: 10MAY 2019

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A."Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
5/08	DJOhn McCarthy 568 MALN ST WILSBAHAM	12.50	
	·		
	·		
		·	
e 9: Total Receipt	ts over \$50 (or listed above)		
e 10: Total Receip	ts \$50 and under* (not listed above)		
e 11: TOTAL RE	CEIPTS IN THE PERIOD	12.50	Enter on page 1, line 2

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
5/08	Long Leash LLC	562 MAIN 57 WILBRAHAMO1093	posso mountas	D 50		
The state of the s						
POSTER AND THE STATE OF THE STA						
PHILADELLE				·		
X 200,000 (100 F 90) (4 97 K 11 K 10 F 10 F 10 F 10 F 10 F 10 F 10						
				·		
		``				
			·			
Line 12: Total Expenditures over \$50 (or listed above)						
ŧ	. 1	Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD						

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.